



Handwritten initials and a dollar sign.

In re Patent Application of)
FUJIOKA et al.)
Application Number: 10/652,028)
Filed: Concurrently herewith) Art Unit 2675
For: LIQUID CRYSTAL DISPLAY DEVICE) Examiner
Attorney Docket No. HITA.0426) KUMAR, SRILAKSHIMI K.

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COVER LETTER

Sir:

[x] The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	5	10	(Over 20)	x \$50	0
Independent Claims	1	2	(Over 3)	x \$200	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$360	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x 1/2	
TOTAL					0

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

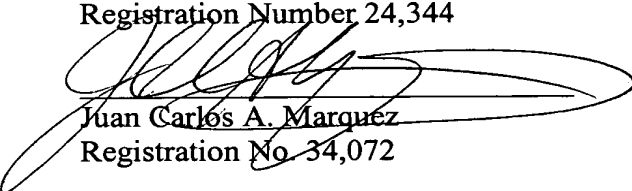
- | | |
|--|---|
| [x] Response to Office Action
(with Claim Amendments) | [x] Petition for Extension of Time for 3 months |
| [] Substitute Specification | [] Terminal Disclaimer |
| [] Preliminary Amendment | [] Letter to Draftsperson |
| [] Information Disclosure Statement | [] Assignment |
| | [] Other _____ |

- [] Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____. A duplicate copy of this paper is enclosed.
- [x] A check in the amount of **\$1,020.00** for the 3-month extension fee is enclosed.
- [x] The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 08-1480**.



Respectfully submitted,

Stanley P. Fisher
Registration Number 24,344


Juan Carlos A. Marquez
Registration No. 34,072

REED SMITH LLP
3110 Fairview Park Drive
Suite 1400
Falls Church, Virginia 22042
(703) 641-4200
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